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Provide the Hospital Owner and Year of Report per Section 130061(e)

Facility Number:	12460		
Facility Name:	St. Mar	y's Medical Center San Francisco	
Address:	450 Sta	nyan Street	
City:	San Fra	San Francisco	
Hospital Owner/Lid	censee:	St. Mary's Medical Center San Francisco	
Year of Re	porting:	2010	
Contact 1 e-mail A	ddress:		
Contact 2 e-mail A	ddress:		
Contact 3 e-mail Ad	ddress::		
Name of Su	bmitter:	Todd Belluomini	
Submissio	on Date:	1/25/2011 3:00:00 F	

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For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for retrofit or replacement of the bulding that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	g Extension Date	Anticipated Completion Date
01	Main Tower	450 Stanyan Street	Retrofit	SPC2	01/01/2015	01/01/2013
02	McAuley Wing	450 Stanyan Street	Retrofit	SPC2	01/01/2015	05/21/2012
03	South Wing	450 Stanyan Street	Remove	N/A		01/31/2009
04	South Wing Corridor	450 Stanyan Street	Remove	N/A		12/31/2009

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For each building which is planned for retrofitting or replacement, provide the project numbers, per Section 130061(c)(1)(C). The projected construction start date or dates and projected Completion date or dates per Section 130061(c)(1)(D) and the most recent project status and approvals per Section 130061(c)(1)(E).

Building No: 01 Main Tower	Retrofit/Replacement Yes-Planned Project:
Facility Project Sub Scope Number Number Num	Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review
12460 HS082309 0	12/24/2008 01/17/2012 07/29/2013 OPEN No
Building No: 02 McAuley Wing	Retrofit/Replacement Yes-Planned Project:
Building No: 02 McAuley Wing Facility Project Sub Scope Number Num	

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 01	Buildi	ing Name: Main Tower		
Type of Service Prov	<u>/ided</u>			
X Nursing	Inpatient Beds	299 Inpatient 18517 Days	X Surgical	Obstetrical Recovery
X IntensiveCare	Inpatient Beds	37 Inpatient Days 2623	X Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	X Clinical Lab	X Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	X Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	X Pharmaceutical X Dietetic	X Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	X Renal Dialysis
X Skilled Nursing	Inpatient Beds	32 Inpatient Days 5116	X Support Services Obstetrical	X Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	X Central Plant

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 02	Buildi	ng Name: McAuley Wing		
Type of Service Prov	<u>rided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	X Clinical Lab	X Emergency
X Psychiatric Nursing	Inpatient Beds	35 Inpatient Days 1860	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	X Pharmaceutical X Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration Support	Renal Dialysis Outpatient
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0 Total Beds this 35	Services Obstetrical Cesarean/Deliv	Surgery
		Building	Cesaleall/Deliv	X Central Plant

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 03	Buildi	ng Name: South Wing		
Type of Service Prov	<u>rided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services Obstetrical	Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	Central Plant

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 04	Buildi	ng Name: South Wing Corridor		
Type of Service Prov	<u>rided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services Obstetrical	Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	Central Plant

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Building Number:	01	Building Name: Ma	iin Tower		
Medical / Surgical (I	nclude GYN)	Acute Respirator	ry Care	Acute Psychiatric	
Inpatient 263 Bed	Inpatient 1395 Days 2	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse N	lewborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 32 Bed	Inpatient 5116 Days
Pediatric		intensive Care No Nursery	ewborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent
	Inpatient 2623 Days	Inpatient 36 Bed	Inpatient 4565 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	368	333

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Building Number:	02	Building Name: McA	uley Wing		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 35 Bed	Inpatient 1860 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care New Nursery	vborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developn Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	35	0

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Building Number:	03	Building Name:	South Wing		
Medical / Surgical	(Include GYN)	Acute Respira	atory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days		Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days		Inpatient 0 Days
Pediatric		intensive Car Nursery	e Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days		Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developm Disabled	ent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days		Inpatient 0 Days
Coronary Care		Chemical Dependency		Building Per	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	0	0

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Building Number: 04	Building Name:	South Wing Corridor]
Medical / Surgical (Include GYN)	Acute Resp	iratory Care	Acute Psychiatric	
Inpatient 0 Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Newborn / GYN	N) Burn		Skilled Nursing	
Inpatient 0 Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric	intensive Ca Nursery	are Newborn	Intermediate Card	
Inpatient 0 Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care	Rehabilitatio Center	on	Int. Care / developn Disabled	ent
Inpatient 0 Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care	Chemical Dependency	,	Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	0	0

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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed
01	Main Tower	
02	McAuley Wing	
03	South Wing	X
04	South Wing Corridor	X

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Provide the number of in from acute care services			type of service for the year of 20	008, 2009	and 2010 for build	dings t	o be removed
Building 03 Number:	Building Name:	South Wing	3		Year of Information:	20	800
				Infor Of:	mation Current As	09	9/13/2010
Type of Services Provided		,					
Nursing	Inpatient Beds	0	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia				
Pediatric/Adol	Inpatient	0	Clinical Lab		Obstetrical Recovery		Renal Dialysis
escent Psychiatric Nursing	Beds Inpatient Beds	0	Radiological/ Imaging		lewborn/ VellBaby		Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	E	Emergency		Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	1 1	luclear ledicine		Support Services
Skilled Nursing	Inpatient Beds	0	Administration				
	Total Beds this Building	0 '					

Report Year: 2010 12460 St. Mary's Medical Center San Francisco San Francisco Page:14 of 28 Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D) South Wing 2009 03 Year of Building Building Information: Number: Name: 09/13/2010 Information Current As Of: Type of Services **Provided** Surgical Obstetrical Rehabilitation Nursing 0 Inpatient Cesarean/Deliv Therapy Beds Anesthesia IntensiveCare Inpatient 0 Beds Obstetrical Renal Dialysis Recovery Clinical Lab Pediatric/Adol Inpatient 0 escent Beds Outpatient Newborn/ Radiological/ **Psychiatric** Inpatient 0 Surgery WellBaby Imaging Nursing Beds Central Plant Pharmaceutical Inpatient Obstetrical 0 **Emergency** Ante/Postprtum **Beds** Dietetic Nuclear Support Inpatient Intermediate 0 Medicine Services Care Beds

Administration

Report Status: **Data Last Update:** 01/12/2011 **Submission Date:** 01/25/2011 **Print Date:** 1/26/2011 8:38 AM

0

0

Skilled Nursing

Inpatient

Building

Total Beds this

Beds

Report Year: 2010 12460 St. Mary's Medical Center San Francisco San Francisco Page:15 of 28 Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D) South Wing 2010 03 Year of Building Building Information: Number: Name: 09/13/2010 Information Current As Of: Type of Services **Provided** Surgical Obstetrical Rehabilitation Nursing 0 Inpatient Cesarean/Deliv Therapy Beds Anesthesia IntensiveCare Inpatient 0 Beds Obstetrical Renal Dialysis Recovery Clinical Lab Pediatric/Adol Inpatient 0 escent Beds Outpatient Newborn/ Radiological/ **Psychiatric** Inpatient 0 Surgery WellBaby Imaging Nursing Beds Central Plant Pharmaceutical Inpatient Obstetrical 0 **Emergency** Ante/Postprtum **Beds** Dietetic Nuclear Support Inpatient Intermediate 0 Medicine Services Care Beds

Administration

Report Status: **Data Last Update:** 01/12/2011 **Submission Date:** 01/25/2011 **Print Date:** 1/26/2011 8:38 AM

0

0

Skilled Nursing

Inpatient

Building

Total Beds this

Beds

Report Year: 2010 12460 St. Mary's Medical Center San Francisco San Francisco Page:16 of 28 Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D) South Wing Corridor 2008 04 Year of Building Building Information: Number: Name: 09/13/2010 Information Current As Of: Type of Services **Provided** Surgical Obstetrical Rehabilitation Nursing 0 Inpatient Cesarean/Deliv Therapy Beds Anesthesia IntensiveCare Inpatient 0 Beds Obstetrical Renal Dialysis Recovery Clinical Lab Pediatric/Adol Inpatient 0 escent Beds Outpatient Newborn/ Radiological/ **Psychiatric** Inpatient 0 Surgery WellBaby Imaging Nursing Beds Central Plant Pharmaceutical Inpatient Obstetrical 0 **Emergency** Ante/Postprtum **Beds**

Dietetic

Administration

0

0

0

Inpatient

Inpatient

Building

Total Beds this

Beds

Beds

Intermediate

Skilled Nursing

Care

Nuclear

Medicine

Support

Services

Report Year: 2010 12460 St. Mary's Medical Center San Francisco San Francisco Page:17 of 28 Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D) South Wing Corridor 2009 04 Year of Building Building Information: Number: Name: 09/13/2010 Information Current As Of: Type of Services **Provided** Surgical Obstetrical Rehabilitation Nursing 0 Inpatient Cesarean/Deliv Therapy Beds Anesthesia IntensiveCare Inpatient 0 Beds Obstetrical Renal Dialysis Recovery Clinical Lab Pediatric/Adol Inpatient 0 escent Beds Outpatient Newborn/ Radiological/ **Psychiatric** Inpatient 0 Surgery WellBaby Imaging Nursing Beds Central Plant Pharmaceutical Inpatient Obstetrical 0 **Emergency** Ante/Postprtum **Beds** Dietetic Nuclear Support Inpatient Intermediate 0 Medicine Services Care Beds

Administration

Report Status: **Data Last Update:** 01/12/2011 **Submission Date:** 01/25/2011 **Print Date:** 1/26/2011 8:38 AM

0

0

Skilled Nursing

Inpatient

Building

Total Beds this

Beds

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Provide the number of in from acute care services			type of service for the year of 20	08, 2009 and 2010 for build	lings to be removed
Building 04 Number:	Building Name:	South Wing	g Corridor	Year of Information:	2010
				Information Current As Of:	09/13/2010
Type of Services Provided					
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
	Total Beds this Building	0			

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For the building or buildings to be removed from acute care service, provide the following:

The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) The inpatient service currently delivered in the building or buildings per Section 130061(c)(20(C)

Building I	Number: 03	South Wir	ng			Removal Date:		01/31/2009
	Uses for the building tuse for building: Me	o be remov		e service: Jurisdiction:	Local Authority			
Inpatient	services currently deli	vered in the	e building:		Obstetrical			Rehabilitation
	Nursing		Surgical		Cesarean/Deliv		Ш	Therapy
	IntensiveCare		Anesthesia					
	Pediatric/Adol escent		Clinical Lab		Obstetrical Recovery			Renal Dialysis
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby			Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		, 			Central Plant
	Intermediate Care		Dietetic		Emergency			
	Skilled Nursing		Administration		Nuclear Medicine			Support Services

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For the building or buildings to be removed from acute care service, provide the following:

The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A)

The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B)

The inpatient service currently delivered in the building or buildings per Section 130061(c)(20(C)

Building N	Number: 04	South Wir	ng Corridor			Removal Date:	[03/11/2009
	Uses for the building use for building:	to be remov		e service: Jurisdiction:	Local Authority			
Inpatient	services currently del	ivered in th	e building:					
	Nursing		Surgical	Ш	Obstetrical Cesarean/Deliv			Rehabilitation Therapy
	IntensiveCare		Anesthesia					
	Pediatric/Adol escent		Clinical Lab		Obstetrical Recovery		Ш	Renal Dialysis
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby			Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		·			Control Digat
	Intermediate Care		Dietetic		Emergency			Central Plant
	Skilled Nursing		Administration		Nuclear Medicine			Support Services

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	01	Building Name:	Mair	n Tower				
Type of Service	e Provided	l x	7 .5	Surgical		Obstetrical	X	Rehabilitation
X	Nursing	X	_ ¬		Ш	Cesarean/Deliv		Therapy
X	IntensiveCare		_ <i>P</i>	Anesthesia		Obstetrical Recovery	X	Renal Dialysis
	Pediatric/Adol escent	X] (Clinical Lab		Newborn/	X	Outpatient Surgery
	Psychiatric	<u> </u>		Radiological/ maging		WellBaby		
	Nursing	X] F	Pharmaceutical	X	Emergency	X	Central Plant
	Obstetrical Ante/Postprtun	m X] [Dietetic	X	Nuclear Medicine	X	Support Services
	Intermediate Care	X] 4	Administration				
X	Skilled Nursing	 						

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	02	Building Name:	Мс	Auley Wing					
Type of Service	e Provided	_							
				Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	Nursing			Anesthesia					
	IntensiveCare)				Obstetrical Recovery		Renal Dialysis	
	Pediatric/Ado	ı		Clinical Lab				Outpatient	
_	escent			Radiological/ Imaging	Ш	Newborn/ WellBaby	ш	Surgery	
X	Psychiatric Nursing	I x	╗	Pharmaceutical	X	Emergency	X	Central Plant	
	Obstetrical			Tharmaceandar					
	Ante/Postprtu	m X		Dietetic	Ш	Nuclear Medicine		Support Services	
	Intermediate								
	Care	X		Administration					
	Skilled Nursin	g							

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	03	Building Name:	South Wing		
Type of Service	e Provided				
			Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	Nursing		Anesthesia		
	IntensiveCare	,		Obstetrical Recovery	Renal Dialysis
	Pediatric/Ado escent	, [Clinical Lab		Outpatient
			Radiological/ Imaging	Newborn/ WellBaby	□ Surgery
	Psychiatric Nursing		Pharmaceutical	Emergency	Central Plant
	Obstetrical Ante/Postprtu	m _	–	Nuclear Medicine	Support Services
			Dietetic	Medicine	Services
	Intermediate Care		Administration		
	Skilled Nursin	ng			

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	04	Building Name:	South Wing Corridor		
Type of Servic	e Provided				
			Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	Nursing		Anesthesia		
	IntensiveCare			Obstetrical Recovery	Renal Dialysis
	Pediatric/Ado	, [Clinical Lab		Outpatient
	escent Psychiatric		Radiological/ Imaging	Newborn/ WellBaby	Surgery
	Nursing		Pharmaceutical	Emergency	Central Plant
	Obstetrical Ante/Postprtu	m [Dietetic	Nuclear Medicine	Support Services
	Intermediate Care		Administration		
П	Skilled Nursin	g			

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number	uilding Number: 01 Building Name: Main Tower						
Configuration	Remove from GAC	Service by	1/1/2030				
Type of Service Provided							
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X	IntensiveCare	X	Anesthesia		Obstetrical	X	Renal Dialysis
	Pediatric/Adol escent	X	Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery
	Obstetrical Ante/Postprtum	X	Pharmaceutical	X	Emergency	X	Central Plant
	Intermediate Care	X	Dietetic				
X	Skilled Nursing	X	Administration	X	Nuclear Medicine	X	Support Services

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number	er: 02	Building Na	me: McAuley Wing						
Configuration Remove from GAC service by 1/1/2030									
Type of Service Provided									
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis		
	Pediatric/Adol escent	X	Clinical Lab		Recovery				
X	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	Obstetrical Ante/Postprtum	X	Pharmaceutical	X	Emergency	X	Central Plant		
	Intermediate Care	X	Dietetic		Nuclear Medicine		Support		
	Skilled Nursing	X	Administration		Nucleal Medicine		Services		

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	03	Building Na	me: South Wing						
Configuration N/A									
Type of Service Provided									
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
In	tensiveCare		Anesthesia		Obstetrical		Renal Dialysis		
I I	ediatric/Adol scent		Clinical Lab		Recovery				
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	bstetrical nte/Postprtum		Pharmaceutical	П	Emergency		Central Plant		
	termediate are		Dietetic						
	killed Nursing		Administration		Nuclear Medicine		Support Services		

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Type of Service Provided Nursing Surgical Obstetrical Cesarean/Deliv Rehabilitation Therapy IntensiveCare Anesthesia Obstetrical Recovery Renal Dialysis Pediatric/Adol escent Clinical Lab Psychiatric Nursing Radiological/ Imaging Newborn/ WellBaby Outpatient Surgery Pharmaceutical Recovery Central Plant Intermediate Care Dietetic Support Services	Building Numbe	er: 04	Building Na	me: South Wing Cor	ridor				
Nursing Surgical Obstetrical Rehabilitation Therapy IntensiveCare Anesthesia Obstetrical Recovery Pediatric/Adol escent Clinical Lab Radiological/ Imaging Newborn/ WellBaby Outpatient Surgery Pharmaceutical Emergency Central Plant Intermediate Care Nuclear Medicine Support	Configuration :	N/A							
IntensiveCare	Type of Service Provided								
Pediatric/Adol escent		Nursing		Surgical					
Pediatric/Adol escent		IntensiveCare		Anesthesia				Renal Dialysis	
Psychiatric Nursing				Clinical Lab		Recovery			
Obstetrical Ante/Postprtum Emergency Central Plant Dietetic Intermediate Care Nuclear Medicine Support								Outpatient Surgery	
Intermediate Care Dietetic Nuclear Medicine Support				Pharmaceutical		Emergency		Control Plant	
Nucleal Medicine Support		Intermediate		Dietetic		Emergency		Central Flam	
Skilled Nursing Administration				Administration		Nuclear Medicine		Support Services	

Report Status: **Data Last Update:** 01/12/2011 **Submission Date:** 01/25/2011 **Print Date:** 1/26/2011 8:38 AM

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